



April 15, 2003  
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## FROM THE DIRECTOR'S DESK

Like spring flowers after a LONG winter, TSNRP, too, is blooming and growing! The Resource Center is sponsoring some exciting evidence-based practice initiatives (page 2), and there is a growing number of final abstracts from completed TSNRP-funded research on our website!

As my tenure here at TSNRP draws to a close, I think back to my 1<sup>st</sup> weeks here and the agenda I set. Nearly 3 years later, there are some agenda items that are completed, many that are well underway, some that are just taking shape, and a few items that had to be added! Today, TSNRP's proposal review process is robust. Proactive grant management has ensured grants are in regulatory compliance, and achieving outcomes that illustrate military nursing research's value and contribution to the health of military beneficiaries. Tomorrow, the results of your research will be applied to military nursing practice.

Thank you for your hard work, your timely submission of reviews and reports, and your contribution to military nursing.

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## From the Grant Specialists.....

In each newsletter, TSNRP Grant Specialists choose a topic that surfaces in discussions with Principal Investigators and/or grantee organizations. If you have a topic you'd like to see in this column, contact your TSNRP Grants Specialist, or send an email to the TSNRP office at [tsnrp@usuhs.mil](mailto:tsnrp@usuhs.mil).

## Equipment Disposition and Gifting

When a research project is finished, one issue that arises is the disposition of equipment. The frequently asked question being, *what will happen to the equipment that was purchased with grant funds?* What happens to the equipment after a grant is completed is guided by the OMB circulars, and depends largely on how the applicant organization (award recipient) views, or defines, equipment.

The circulars on equipment disposition provide the background for understanding the organization's options. The circulars define equipment as nonexpendable personal property having a useful life of more than one year and an acquisition cost which equals, or exceeds, \$5000, or a lesser threshold value established by the organization (e.g., \$500, \$2500, etc.). This dollar-value definition is essential to equipment disposition.

Items purchased with funds awarded to the Equipment budget category will

have a dollar value equal to, greater, or less than the organization's defined value of equipment. There are no disposition regulations on equipment that has a value less than the organization's definition of equipment, and the organization can decide the equipment's disposition. But, there are regulations on the disposition of equipment with a value equal to or greater than the organization's definition.



When equipment is no longer needed on the grant, the organization can use the equipment for other activities sponsored by TSNRP, or activities sponsored by other Federal awarding agencies. When the organization no longer needs the equipment, the organization can retain the equipment and compensate TSNRP, or request disposition instructions from TSNRP.

PIs often ask what can be done to ensure items (purchased with funds from their grant) remain at their institution, or an institution of their choosing. Regardless of the value of an item, a PI can request that it be gifted to a specific institution; items cannot, however, be gifted to individuals.

To request equipment gifting, a PI should send a formal written request to the TSNRP through their application organization. The request should detail the item(s) to be gifted, their value, and the institution that will receive them; the request should also indicate if the gift is intended for a specific department within the receiving institution (e.g., Nursing Research Service). A sample form may be downloaded from the TSNRP website: <http://www.usuhs.mil/tsnrp/forms/>

References:  
OMB Circular A-122, Section 15  
OMB Circular A-100, Subpart A Section\_2  
OMB Circular A-110, Subpart C Section\_34



## TSNRP INVESTIGATORS' 2002 PUBLICATIONS

Congratulations to investigators who have *published in the last year* from their TSNRP-funded grant! If you've published and your article isn't listed below, please send us the citation so we can update our database.

- 1999—Evaluation of a Virtual Reality Simulator in Sustainment Training  
**Agazio, JB**, Pavlides CC, Lasome CEM, Flaherty NJ, Torrance RJ. (2002). Evaluation of a virtual reality simulator in sustainment training. *Military Medicine*. 167(11):893-7.
- 1997—Active and Passive Smoking in Military Women  
 Martinelli AM; **Agazio J**; Flaherty N; Ephraim PM. (2002). Testing a model of exposure to environmental tobacco smoke in military women with children. *Military Medicine*, 167(2): 113-20.
- 1999 — Management of HTN Patients by CNS in Military Setting - A Supplemental Study  
 Nelson HA, Degoes J, **Duong D**, Hill M, Post W. (2002). Integrating nutrition into a comprehensive intervention program for hypertensive patients. *American Journal of Clinical Nutrition*. 75(2): 438S-438S Suppl. S Feb 2002.
- 1996—Advocating Practices of Nurses in a Military Operation  
**Foley BJ**, Minick MP, Kee CC. (2002). How Nurses Learn Advocacy. *Journal of Nursing Scholarship*. 2nd Quarter; 34(2): 181-6
- 1998—Nurses' Influence on Patient Outcomes in U.S. Army Hospitals  
**Foley BJ**, Kee CC, Minick P, Harvey S. (2002). Characteristics of nurses and hospital work environment that foster satisfaction and clinical expertise. *Journal of Nursing Administration*. Vol 32. No 5 273-282
- 1998—Cognitive Trauma Therapy for Battered Women with Post Traumatic Stress Disorder (PTSD)  
 Kubany, ES, **Hill, EE**, Owens, JA. (2003). Cognitive trauma therapy for battered women with PTSD: Preliminary Findings. *Journal of Traumatic Stress* 16 (1): 81-91
- 1997—Military Moral Distress in Nurses: Instrument Development  
 Fry, ST, Harvey, RM, **Hurley, AC**, Foley, BJ. (2002). Development of a Model of Moral Distress in Military Nursing. *Nursing Ethics Journal*. 9(4): 373-387, Jul 2002
- 1999—Email as a Communication Tool in Army Nursing Management  
 Torrance RJ, **Lasome. CEM**, Agazio, JB. (2002). Ethics and computer-mediated communication - implications for practice and policy. *Journal of Nursing Administration*. 32(6): 346-353, Jun 02
- 1999—Virtual Health and Wellness Center for the Oregon Air National Guard  
**Messecar DC**, Salveson CA, Monkong S. Feasibility of a virtual health and wellness center for the Oregon Air National Guard. *Military Medicine*. 167(1): 38-43.
- 1997—Effects of Dopamine on Diaphragm Fatigue  
**Pierce JD**, Clancy RL, Smith-Blair N, Kraft R. (2002). Treatment and prevention of diaphragm fatigue using low-dose dopamine. *Biological Research for Nursing*. 3(3):140-9. Jan 02.
- 2000—Economic and Patient Outcomes of the Nurse-Patient Relationship  
**Ray, M.**, Turkel, M., Marino, F. (2002). The transformative process for nursing in workforce redevelopment. *Nursing Administrative Quarterly*. 26(2):1-14.
- 1996—Factors Associated with the Onset of Depression in Navy Recruits  
**Williams, RA**, Hagerty, BM, Yousha, SM. (2002). Factors Associated with Depression in Navy Recruits. *Journal of Clinical Psychology* 58(4): 323-337, Apr 02.
- 1998—Biopsychosocial Effects of the BOOT STRAP Intervention with Navy Recruits  
 Sargent, J, **Williams, RA**, Hagerty, B, Lynch-Sauer, J, Hoyle, K. (2002). Sense of Belonging as a Buffer Against Depressive Symptoms. *Journal of the American Psychiatric Nurses Association*. 8(4):120-9

**Call for Abstracts** - The 15th Annual Karen A. Rieder Nursing Research Poster Session, sponsored by the Navy Nurse Corps, during the 109th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in San Antonio, Texas.

**Submission Deadline for abstracts: 11 July 2003.**

The significant problems we face today can't be solved at the same level of thinking as when we created them.

Albert Einstein

## In the Spotlight...



*In this column we spotlight a TSNRP nurse researcher and his/her current study. This issue's spotlight is on CDR Janet Pierce and her FY02 study "Dopamine Alleviation of ROS Mediation."*

A common drug found in emergency rooms and in the field may help wean patients off mechanical ventilators sooner—and in some cases, prevent their use entirely.

Janet Pierce, ARNP, CCRN, DSN, Associate Professor at the University of Kansas School of Nursing, is researching the effects of dopamine on diaphragm fatigue with support from a two-year TSNRP grant. Specifically, Dr. Pierce is looking at whether low doses of dopamine affect free radical formation in the diaphragm. Free radicals are associated with diseases ranging from hypertension to cancer because they can, in certain conditions, damage or even kill cells.

"When you work your diaphragm, you generate free radicals," said Dr. Pierce, a commander and Navy Reserve Nurse Corps Officer. "I'm interested in looking at what we can do to prevent free radical formation in the diaphragm or help treat the damage if they have already formed."

Dr. Pierce began researching how the diaphragm functions during the early 1990s and worked for several years to develop ways to measure diaphragm fatigue. In 1997, Dr. Pierce received her second TSNRP grant to investigate the effects of low dose intravenous dopamine in the treatment of diaphragm fatigue. Pa-

tients often suffer from diaphragm fatigue while being weaned off mechanical ventilators. Frequently, these patients are given low doses of dopamine to increase renal blood flow. Yet little attention had been paid to the effects of low dose dopamine on diaphragm function.

Using a rat model, this study revealed that intravenous dopamine prevents diaphragm fatigue and increases blood flow in the diaphragm, resulting in an increase in oxygen delivery to the tissue. The results were published in the January 2002 edition of *Biological Research for Nursing*.



The current TSNRP grant, awarded in 2002, is being used to explore the physiologic, cellular, and biochemical changes associated with diaphragm fatigue and to determine which of these changes may be affected by dopamine. The effects of the dopamine will be measured by examining DNA damage, apoptosis, and exhaled hydrogen peroxide. Ultimately, the data gathered from this research will be used to support clinical trials to test the use of dopamine to treat diaphragm fatigue in humans.

Dr. Pierce hopes that her research can one day translate to other nursing interventions, from trauma situations to treatment of disease.

"The future of nursing isn't just looking at integrative measures like pulse rate or blood glucose," said Dr. Pierce. "This type of research can help improve what we do at the bedside to prevent and treat disease and injury."

**Keep in touch!!!**



Update your contact information through our website at  
[www.usuhs.mil/tsnrp/updatecontact.html](http://www.usuhs.mil/tsnrp/updatecontact.html)

### ***Medical Centers Collaborate on Evidence-Based Practice***

Brooke Army Medical Center and Wilford Hall Medical Center's nursing staffs are collaborating to advance patient care outcomes. Working with national experts, COL Cynthia Abbott and Lt Col Theresa Dremsa are leading nurses at these two military medical centers in the translation and implementation of the latest research findings in the care of patients on ventilator. Also on the team for this multidisciplinary project is Dr. Cheryl Stetler, nationally renowned for evidence-based practice. Dr. Stetler is assisting the Brooke and Wilford Hall teams build a core of evidence-based practice nursing expertise within each medical facility.

In this multidisciplinary project, the team has translated and updated the evidence-based clinical guidelines for ventilator-associated pneumonia. Currently, the team is implementing this clinical guideline within five intensive care units: two at Wilford Hall and three at Brooke.

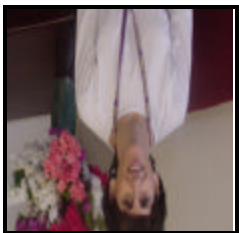
This initiative is supported through TSNRP's Resource Center. For more information, call Linda Yangas, Resource Project Director, at 301.295.7061.

Nothing endures  
but change.  
Heraclitus  
(540 BC - 480 BC)

## GOINGS AND COMINGS...

It was with much sadness that we here at TSNRP said, "Later, girlfriend" (well, OK, I said that, every-  
one else said "Good-bye") in March to Anne Reedy, TSNRP Grant Specialist extraordinaire. As you  
probably know by now, Anne took a position with the Geneva Foundation shortly after she and her  
family moved back to the beautiful Pacific NW.

TSNRP is pleased to announce that Julie Lee has joined the staff as our new  
Grant Management Specialist. Julie worked at Star Mountain Inc, a govern-  
ment consulting firm in Alexandria, VA as a program manager for their Hu-  
manitarian and Security Program. She supervised the contracts for the Army's  
Research and Development at Fort Belvoir, which developed educational re-  
sources—CD-Roms and training manuals—for Special  
Forces troops in support of humanitarian mine action and  
mine risk education that will be used in mine-field effected  
countries around the world.



Julie joins Elizabeth November and Robert Flowers in providing grant  
management for our TSNRP investigators and grantee organizations.

ddpaul  
TSNRP Program Manager



Julie Lee receives the "Lanyard of TSNRP" and  
official TSNRP pen from Grant Specialists,  
Elizabeth and Robert.



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Check our website in mid-June  
for the FY03 funding awards!

[www.usuhs.mil/tsnrp](http://www.usuhs.mil/tsnrp)